

APPLICATION FOR CANCELLATION OF RESERVED NAME

FILING FEE: \$30.00

Make checks payable to
"Secretary of the State"

Domestic or Foreign

All Entities

C.G.S. §§ 33-656; 33-1046; 34-103; 34-139; 34-407; 34-506

Website Address: www.concord.sots.ct.gov Telephone Number: (860) 509-6003

Mailing Address: Connecticut Secretary of the State, Commercial Recording Division P.O. Box 150470, Hartford, CT 06115-0470

Courier Delivery Address ONLY: (i.e. FedEx, UPS, etc.) 30 Trinity Street, Hartford, CT 06106

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. (Attach 8 ½ x 11 sheet if necessary)

IMPORTANT: THIS FORM DOES NOT CANCEL/DISSOLVE YOUR ENTITY. YOU MUST FILE THE APPROPRIATE FORM WITH THIS OFFICE TO DISSOLVE/CANCEL/WITHDRAW YOUR BUSINESS ENTITY.

The undersigned hereby applies to cancel the reservation of the following name:	
1. Reserved name:	
2. Name of applicant (NOTE: The name of the applicant must <u>EXACTLY</u> match the name on record of the party under whose name the reservation was filed):	
3. Address of applicant: (Complete address required. Street name, city, state & zip code.)	
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4. Execution:	
<div><div></div><div>SIGNATURE OF APPLICANT (print name and title, if applicable)</div></div>	

CONNECTICUT SECRETARY OF THE STATE